

MENTAL HEALTH TRIAGE PERSONNEL GRANT

## PROCESS INFORMATION REPORT

|               |                |                  |                            |
|---------------|----------------|------------------|----------------------------|
| Report Date:  | 03/16/2016     |                  |                            |
| County Name:  | Ventura        | Contact Phone #: | 805-981-5476               |
| Contact Name: | Robert Mendoza | Contact Email:   | Robert.Mendoza@ventura.org |

**1. Total Number of Triage Personnel Hired to Date**  
(Identify in Full-Time Equivalents FTEs)

|                         |      |      |
|-------------------------|------|------|
| a. Total County Staff   | 16.5 | FTEs |
| b. Total Contract Staff | 4    | FTEs |

**2. Total Number for Each Type of Personnel Hired**  
(Identify in Full-Time Equivalents FTEs. If the staff hired do not fit the categories below, please specify in the “other” category)

|                           |     |      |
|---------------------------|-----|------|
| a. County Staff           |     |      |
| i. Case Managers          | 5   | FTEs |
| ii. Social Workers        |     | FTEs |
| iii. Nurses               |     | FTEs |
| iv. Clinicians            | 4   | FTEs |
| v. Mental Health Workers  |     | FTEs |
| vi. Peer Providers        |     | FTEs |
| vii. Outreach Workers     |     | FTEs |
| viii. Psychiatrists       |     | FTEs |
| ix. Other                 |     |      |
| Clinic Administrator      | 1   | FTEs |
| Office Assistant          | 1.5 | FTEs |
| Sr. Crisis Team Clinician | 5   | FTEs |
|                           |     | FTEs |

|                          |   |      |
|--------------------------|---|------|
| b. Contract Staff        |   |      |
| i. Case Managers         |   | FTEs |
| ii. Social Workers       |   | FTEs |
| iii. Nurses              |   | FTEs |
| iv. Clinicians           |   | FTEs |
| v. Mental Health Workers |   | FTEs |
| vi. Peer Providers       | 4 | FTEs |
| vii. Outreach Workers    |   | FTEs |
| viii. Psychiatrists      |   | FTEs |
| ix. Other                |   |      |
|                          |   | FTEs |
|                          |   | FTEs |
|                          |   | FTEs |
|                          |   | FTEs |

**3. Identify Triage Locations for Service and Points of Access Currently Available with Staff Already Hired**

*(e.g., hospital emergency rooms, homeless shelters, mobile teams, etc.)*

|                                   |              |
|-----------------------------------|--------------|
| One Stops                         | Mobile Teams |
| Libraries                         | Churches     |
| Psych Hospital                    | Schools      |
| Community Centers                 |              |
| Homes/Shelters                    |              |
| Rivers, Mountains, Beaches, Parks |              |

#### 4. Comments

We have one more Behavioral Health Clinician III and one Community Services Coordinator position to fill.

**Please Email the completed form to [mhsoac@ca.gov](mailto:mhsoac@ca.gov)**

If you have any questions about completing this form, please contact Peter Best, Manager, Triage Grant, Budget and Commission Support.

Email: [Peter.Best@mhsoac.ca.gov](mailto:Peter.Best@mhsoac.ca.gov)

Phone #: (916) 445-8715